

In this condition the eye remained for nearly twelve years ; he could merely discriminate light from darkness, but nothing more. On the 24th day of December, 1867, while conversing with him, I inquired as to the condition of his eye, and at the same time endeavoured to ascertain the probable cause of the malady. Directing my inquiries to the teeth, I learned that some two months before his loss of sight, he had had several teeth filled, and that not long after he had one of these teeth extracted, in consequence of its aching. The other teeth had never given him any trouble. Upon examination I found a large cavity in the first bicuspid of the right upper jaw, which had been neatly filled with some kind of white metal. There was also a fistulous opening upon the alveolus opposite that tooth, and, no doubt, extending to its fang. He said there had been for a long time some soreness and tenderness at this point, and very frequently an abscess formed, which he opened with his knife. Presuming that the amaurosis had its origin in an irritation of the nervous trigeminus, distributed to this tooth, I advised its immediate extraction. Mr. P., being naturally very timid, objected. I then removed the filling from the tooth, in the hope of getting a counter opening, by which I hoped the fistula might possibly close, and the irritation be relieved. This result actually occurred. The fistula closed, the soreness of the alveolus subsided, and vision gradually restored. An offensive mass came out of the tooth soon after the plug was removed. About three weeks subsequent to this (Jan. 12, 1868), when the eye had become nearly as good as its fellow, the soreness upon the gum recurred, and vision simultaneously became blurred. On the 19th day of January I extracted the tooth, when the blur immediately disappeared. At the present time, Jan. 28, 1868, Mr. P. can see quite as well with the right as with the other eye, except in the discrimination of very small objects. There was no foreign substance at the root of the tooth, its interior was filled with pus, and the communication between it and the cavity had become closed.

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ART. IX.—*Progressive Enlargement of the Lymphatic Glands. "Hodg-kin's Disease."* By JOHN J. BLACK, M. D., of New Castle, Delaware.

JAMES SHOCKLY, a large well-developed mulatto, entered the medical wards of the Philadelphia Hospital, Blockley, in the early part of the month of August, 1865, suffering from enlargement of the lymphatic glands and dropsical symptoms of a more or less general character. He reported that eight weeks previously the "swellings" commenced and increased very rapidly, after he had been wet in a rain storm. His occupation had been that of a general labourer, but for some time previously to his sickness he had been engaged in a saw-mill. He bore no traces of dissipation, and said he had always been sober and industrious ; had never had syphilis or severe illness of any kind, and no hereditary taints could be traced. There appeared to be an enlargement of every discernible lymphatic gland in the body, the chains along the lower jaw, sub-occipital, axillary, those in the groins, abdomen, and other parts. The glands on the left side were all decidedly and correspondingly larger than those on the right. The left thigh and leg were very much enlarged and œdematous, the right limb slightly so. There was much fluid in the abdomen ; left side of the chest

was full of fluid, and a considerable quantity in the right side. He said these enlargements took place three days after the swellings first commenced. There was no œdema of the face or arms. Passed a normal quantity of urine, light straw colour, containing a few epithelial scales and mucous corpuscles; no albumen; chlorides abundant; bowels regular; pulse 100. Respiration 24, and much impaired, with all the evidences of effusion into the cavity of the chest, such as compression of the lungs, &c.; the right side having decidedly the least collection of fluid. The temperature was not noted. The heart sounds were entirely normal. He stated that last winter he suffered from a series of carbuncles, and during the spring from a fever called *lumber fever* (nothing more nor less than intermittent fever, and given the name of "*lumber fever*" in some parts of the west and south-west). The skin was generally dry, and appetite poor, and of course he obtained no comfortable sleep. The treatment pursued was as follows: a little elaterium at intervals, iodide of potassium, iodide of iron, cod-liver oil to be taken at his own discretion, milk punch, quinia, beef essence, eggs, beef steak, &c. In fact the best supporting treatment the house would afford, and the enlarged glands were thoroughly rubbed with the compound iodine ointment, at short intervals.

*August 30.* I quote from my notes. Pulse 112; respiration 41. Left leg not so much swollen as before, but right leg not much changed. Difficulty of breathing increased. Glands all decidedly smaller, but patient weaker and has lost flesh. The fluid in the abdomen has decreased; in the left side of the chest it has increased; and in the right side there is no change to note.

*September 17.* Glands much reduced in size. Stomach holds out remarkably well. Every particle of effusion gone from the legs. Dyspnoea nearly gone in consequence of the diminution of the fluid in the great cavities. Abdomen nearly clear of fluid. The improvement in the last two weeks has been very great, and he now wants three days' liberty to visit his family. The man returned at the appointed time, but soon commenced to lose ground rapidly, the glands enlarging again, the effusions returning, extreme prostration coming on, and on the 28th of September following, he died, about eight weeks after admission, his broken-down system having become completely exhausted.

*Post-mortem twelve hours after death, Sept. 29, 1865.*—Lymphatics of left groin enormously enlarged, above and below Poupart's ligament. The femoral vein obliterated by a semi-organized clot, down to the opening into the adductor magnus muscle. Saphenous and other superficial veins normal. The right inguinal glands were about two-thirds as large as those upon the left side. Here the superficial veins were normal. The arteries on both sides were normal. On the right side the femoral vein was clear, but much dilated at its upper part as though the blood had at times been backed up here. The chains of lymphatics on each side of the lower jaw were much enlarged. Left internal jugular vein very much dilated. External jugular vein of left side also much dilated. These veins on the right side very little if any dilated.

*Chest.*—Left side very full of a thin serous fluid. Lungs pressed back to the size of a clenched fist and carnified. Some fresh-looking lymph on the pleura in different parts. The effusion in the right cavity was much less than that in the left cavity. Right lung somewhat compressed. Some old adhesions in each lung. Azygos and hemi-azygos veins nearly or quite obliterated by semi-organized clots. The lymphatics of the neck under the

sternum running deep down, enormously enlarged and pressing on all the neighbouring parts. Bronchial glands much enlarged. Along the trachea was a mass of lymphatics enormously enlarged. On the right antero-lateral side of the trachea dipping down from the neck was an enlarged lymphatic, the size of a goose egg. Directly below this, running down to the bifurcation of the trachea, was another nearly as large. The larger contained a considerable granular mass (by the microscope), apparently tuberculous. The smaller one had several small tuberculous masses in it.

*Abdomen.*—Spleen slightly enlarged and full of little waxy looking bodies beautifully marked. A mass consisting of about one-half of the mesenteric glands, weighed two pounds five ounces. In all this mass there was only one very small and very hard tuberculous spot. Both kidneys of natural size, with a small hydatid in each, both decidedly granular, and resembling tough bacon-rind when stripping off the fibrous covering, which adhered very tightly and would only separate in small pieces. The urine during life showed no albumen under thorough testing. The kidneys were unfortunately made way with before they could be otherwise examined. There was a large mass of glands pressing on the primitive, internal and external iliac veins of each side. In the primitive iliac veins of each side were large pouch-like dilatations, which would admit a hen's egg. I noticed nothing abnormal about the liver, except that it looked somewhat congested; it was unfortunately lost before further examination was attempted. Perhaps the glands weighed would have amounted to about one-sixth of all the lymphatic glands of the body, therefore giving the weight of all the lymphatic glands of the body at thirteen pounds and fourteen ounces.

The brain appeared normal, except an osseous shell attached to the pia mater about the middle of the longitudinal sinus, and lying up against the side of the left hemisphere of the cerebrum. This substance was the shape of, and about half the size of a vomer. The blood appeared somewhat deficient in red globules. The supra-renal capsules were apparently normal. As directed by Virchow, we applied cautiously a little sulphuric acid to the spleen, lymphatic glands, etc., and then iodine, and in all cases got the characteristic blue colour, which caused that very distinguished authority to look upon such degenerations as amyloid in character. The microscope showed the enlarged glands to consist of numerous nucleated cells and a large amount of fibrous matter, in fact differing little from the healthy gland. The kidneys appeared to be of the lardaceous or waxy kind, but the liver did not seem to be thus affected—yet for the reason before stated they were not subjected to microscopic examination. The little waxy looking points in the spleen appeared not to differ under the microscope from the lymphatic glands themselves.

Now what is the trouble under which this man suffered? It is certainly a disease which is rarely developed to the point which it reached in this case, and concerning which very little appears so far as I can find in the annals of medical literature. Dr. Hodgkin, of London, appears to have been the first to notice and describe it in a paper read before the Medical and Chirurgical Society of London, in January, 1832, and published in vol. xvii. of its Transactions. Dr. Samuel Wilks has given in *Guy's Hospital Reports*, Third Series, vol. xi., 1865, a most elaborate account of this disease, and which, as far as I can learn, embraces all that is known

concerning it up to the present time. In fact, according to Dr. Wilks, this disease is likely to be confounded with lardaceous disease, but he thinks it entirely distinct. It, he says, may have a likeness on the one hand to tubercle, and on the other to cancer, but yet is as much a disease "*sui generis*" as any other, and deserves a separate description of its own. Dr. Hodgkin reported six cases. Dr. Wilks reduces them to four—one being doubtful and the other a syphilitic affection. Dr. Hodgkin described the disease as characterized by enormous enlargements of the lymphatic glands throughout the body, with a peculiar white deposit in the spleen. Sometimes in the liver and other viscera spots were seen pervading its substance.

Dr. Hodgkin considers that so far as can be ascertained, this enlargement of the glands appears as a primitive affection of these bodies, and there is no reason to suppose it is due to inflammation or scrofula, nor indeed attributable to the formation of any adventitious structure. It appears in all cases to consist of a pretty uniform texture throughout, and thus to be the consequence of a general increase of every part of the gland, rather than of a new structure developed in it. In connection with this affection of the absorbent glands is the state of the spleen, which is thickly pervaded by defined bodies. We might suppose that the bodies in the spleen like the enlarged glands, were due to an enlargement of a pre-existing structure, etc. etc. Dr. Wilks in his paper brings forward a number of cases which have come under his own observation.

In my own personal experience I have met with two other cases besides the one above described, one especially of which appeared to answer to the symptoms of this disease. The first of these two, and the most doubtful, occurred while I was serving as one of the Resident Physicians to the Philadelphia Hospital, Blockley, the notes of which were kindly furnished me by Drs. Wm. H. Ford, John S. Parry, and Charles E. Smith, at the same time Resident Physicians in that Institution.

A Prussian, aged sixty-four years, had latterly been serving in the U. S. Army, in active service in the South. The lymphatic glands of the right side of the neck were much enlarged. They softened, and were opened before death, discharging a cheesy matter, with pus. Pleurisy set up, and the man died in about ten weeks from his admission, apparently from exhaustion. Cervical and bronchial glands only found involved; clavicle necrosed at its sternal attachment of the left side. There was much effusion in the chest; no syphilitic marks; and all the other organs were reported normal.

The other case was a mulatto boy, aged sixteen years; had followed the army for some time as an officer's servant. The gentleman with whom he lived consulted me in reference to his condition. I found the cervical glands of the right side very much enlarged, hard, and unyielding. There was also some enlargement of those of the left side; also of those in the axillæ and groins, and those of the mesentery; the spleen and liver were apparently normal. This boy was evidently suffering from tuberculosis of the lungs in an advanced stage.

Shortly afterwards he passed from under my care, was sent to a hospital, and, as I learned, in a short time died. I heard no result of the post-mortem, if any was made; but I have but little doubt that this case approached closely the disease under consideration, combined with general tuberculosis; for many of the cases have been combined with tubercle in one or more organs.

Perhaps of all symptoms in connection with this trouble, that of tubercle is the most common, yet not sufficiently so to typify the disease; so lardaceous disease often accompanies it, yet is oftener absent altogether. There is one striking feature in relation to this affection, viz: I believe all of the reported cases have occurred in males, and it is not confined to any age. If we place it in the order of malignant diseases, we have the tender age of many of the patients tending against such a position. It strikes us as more the result of something specific having entered the economy, as rather an accidental or acquired than an hereditary disease—as approaching nearer the syphilitic range of diseases rather than the truly malignant. In some of the reported cases new tissue seemed to have been developed in the glands; in others there was apparently a mere hypertrophy of the normal structure.

It is not necessary to consider it as an effect of change in the lymph, or of any other metamorphosis of tissue; but it appears rather to be a cause of trouble in relation to these functions. It has apparently not the tendency to death of the malignant diseases; but according to our idea, causes death by mere mechanical action as it were; causing effusion of serum in the great cavities by the bulk and weight of the enlarged glands, as a result of which the patients are gradually worn out and exhausted. This is the serious trouble, otherwise the tendency to death does not appear to be at all rapid, thus certainly taking it from the range of malignant diseases. Perhaps the most constant lesion, next to that of the lymphatic glands, is the enlarged spleen and its peculiar waxy spots; but as the spleen is most probably very closely connected with the lymphatics, these spots, as suggested, may be merely hypertrophied spots of the lymphatic gland tissue, and hence the constant lesion. I believe in no case has there been reported any inflammation of the lymphatic vessels, either afferent or efferent, or really of the glands, except around foreign spots—as tubercle; hence the enlargement is not a result of inflammation of the vessels (lymphangitis), or of the glands (lymphadenitis).

We rather incline to the idea that this disease is most likely connected with those diseases coming under the action of a malarious influence, the result of the specific malarious poison, if we may call it such. Not that, it is developed in every case of malarious disease, yet there is that tendency, whether by the circulation being blocked by some of the pigments lately discovered, or by others undiscovered, it is impossible to say. This fact has struck us forcibly from one or two cases of enlarged spleen we have seen as a result of intermittent fever. Here were the general anæmic symptoms

and a tendency to enlargement of the whole lymphatic system. There may be some cases where this is not at all marked, but we have lately seen two where it was looked for and found. Now, taking these and other facts into consideration, it appears not impossible that this peculiar state, as described by Hodgkin, and referred by Wilks rather to the order of malignant diseases, may be nothing more nor less than a peculiar abnormal enlargement of the lymphatic glands following malarious poison, occurring once only in thousands of cases, perhaps under peculiar unknown influences, and producing dropsy, debility, and death, merely by mechanical pressure and not by their own inherent malignancy. It may be argued that if these enlarged glands are the result of malarious poison the tendency should be to return to health on removing the cause, but we have only to refer to some cases of the spleen enlarging from like causes, which will not recede, and cause death almost in the same way.

As may be inferred from the foregoing statements, the prognosis of the disease is as yet as unfavourable as possible. The diagnosis is not difficult. A general progressive enlargement of the lymphatic glands. Generally, extension of percussion, dulness over the spleen. The mesenteric glands generally enlarged, together with a history of the case, and a knowledge that the patient had been in his life exposed to malaria, and especially if he had not had prompt and efficient treatment. In syphilis we would have the history of the case, chancre cicatrices, &c., the glands comparatively small and firm, and the suboccipital chain especially available. True scrofula is, perhaps, much more concentrated to localities, as the neck, especially; yet it is well to remember that these diseases are often associated, and again that every case of enlarged glands is not either scrofula or syphilis.

In treatment, if we accept its malarious origin as true, of course, we must depend, first, upon the preparations of bark, then iron, iodine, and perhaps cod-liver oil. I say perhaps cod-liver oil, for perchance it will not agree with the patient, as here fats generally do not appear to be well assimilated, probably from the general disarrangement of the lacteal and the abdominal lymphatics generally. The diet should be in every way nutritious and easily assimilated. If the patient could afford it, perhaps removal to pure mountain or sea-side air would be of great benefit, especially if his residence be subject to the least suspicion of malarious influence.

Thus, then, we have attempted to give a somewhat crude view of "Hodgkin's disease," or, as we think it might well be called, "progressive enlargement of the lymphatic glands." So far as we can ascertain, this is the first notice the disease has received in this country, and we indulge in the hope that it may be soon more generally and thoroughly investigated, and placed among the list of well-known though, perhaps, rare diseases.

NEW CASTLE, DELAWARE, Jan. 1868.